

READY RESERVE SCREENING QUESTIONNAIRE

PRIVACY ACT STATEMENT:

AUTHORITY to request the following information is derived from 5 U.S.C. 301, 10 U.S.C. 5031, Executive Order 9397 and BUPERSINST 1001.39. The information sought on this form is requested for the management and administration of personnel assigned to the Ready Reserve.

ROUTINE USES: The information will be used by officials of the Department of the Navy in verifying your qualifications and suitability for continued assignment to the Ready Reserve. No information will be disclosed outside the Department of Defense, except in accordance with SECNAVINST 5211.5D, para. (14)(11)(c).

VOLUNTARY: Completion of this form is voluntary. Failure to provide the requested information, however, may result in an inability to provide services and benefits, and to take or to complete personnel or other administrative action.

NAME: (Last, First, Middle initial)	SSN:	PAY GRADE:	DESIG/RATE:
Place an "X" in the YES or NO box. Provide amplifying information as required.			YES
1. Is your NAVPERS 1070/602, Record of Emergency Data current? If no, review and update as necessary.			
2. Do you have a dependent(s) who would prevent, restrict, or delay your mobilization? If yes, explain. See note 1 of BUPERSINST 1001.39 (ch. 21).			
3. Do you have a spouse who is an active or reserve service member? If yes, see notes 1 and 2 of BUPERSINST 1001.39 (ch. 21).			
4. Are you a single member with a dependent(s)? If yes, see notes 1 and 2 in BUPERSINST 1001.39 (ch. 21)			
5. Have you within the last year failed to meet, or do you believe you are now unable to meet, the physical readiness standards per OPNAVINST 6110.1?, If yes, explain below. See note 4 in BUPERSINST 1001.39 (ch. 21).			
6. Do you have a medical problem or physical defect which might prevent your mobilization or restrict your assignment? If yes explain below. See note 4 in BUPERSINST 1001.39 (ch.21).			
7. Are you preparing for religious ministry by attending a recognized theological or divinity school, or an equivalent, or preparing to meet religious faith group requirements? If yes, identify institution, course of instruction, and date entered program below. See note 5 in BUPERSINST 1001.39 (ch. 21) Institution.			
Institution:	Course	Date:	
8. Are you a student, resident, or intern in any educational program which leads to certification as a medical doctor or dentist? If yes, describe program, credential to be awarded, date started, and expected duration of course. See note 6 in BUPERSINST 1001.39. (ch. 21).			

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9. Are you a key employee at your place of employment? If yes, provide the information requested below. See note 1 in BUPERINST 1001.39.

Name of organization:

POC

Phone

10. Do you have any beliefs that would prevent or restrict your service during mobilization or recall? If yes, explain below. See note 1 in BUPERSINST 1001.39 (ch. 21)

11. Are you a non-prior service member who has not completed a 12 week period of basic training or its equivalent? If yes, describe the circumstances. See note 1 in BUPERSINST 1001.39 (ch. 21).

12. Do you know of any reason why your recall to active duty would create a personal or community hardship? If yes, explain. See note 1 in BUPERSINST 1001.39 (ch. 21).

13. Is there any other reason why you would not be immediately available for recall to active duty? If yes, explain. See note 1 in BUPERINST 1001.39 (ch-21)

CERTIFICATION BY PERSON COMPLETING FORM

I certify that the information I have provided is complete and accurate to the best of my knowledge. I will expeditiously notify my commanding officer of any circumstances that may develop in the future that could delay or prevent my immediate mobilization.

MEMBER'S SIGNATURE.

DATE.

COMMANDING OFFICER'S ENDORSEMENT (SELRES AND VTU only)



I consider the member mobilization ready. I will report any changes to the members status that may affect his/her mobilization to the local Naval Reserve activity.



I consider the member not mobilization ready. The following action has been taken.



Forwarded to Activity Commanding Officer for further review.

UNIT COMMANDING OFFICER'S SIGNATURE

DATE

ACTIVITY COMMANDING OFFICER'S SIGNATURE

DATE